

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C90011156</div>		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St NW				
(c) City, State and ZIP Code Washington DC 20006				
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Individual filers only <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Name of Employer</td> <td style="border: none; width: 40%;">Occupation</td> </tr> </table>			Name of Employer	Occupation
Name of Employer	Occupation			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M
0 9

 /

D D
1 0

 /

Y Y Y Y
2 0 1 0

THROUGH

M M
0 9

 /

D D
1 0

 /

Y Y Y Y
2 0 1 0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1482.44

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Jeff Prior

09/14/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 9

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Amber Crosby

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Mailing Address

5268 Knollwood Avenue Apt 1

Amount

62.83

City

Parma

State

OH

Zip Code

44129

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

LEE IRWIN FISHER

Calendar Year-To-Date Per Election
for Office Sought

376.98

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Robert Gruss

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Mailing Address

1534 Belle Ave

Amount

67.65

City

Lakewood

State

OH

Zip Code

44107

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

LEE IRWIN FISHER

Calendar Year-To-Date Per Election
for Office Sought

405.90

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Rivon Hackett

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Mailing Address

12050 Lake Ave

Amount

62.83

City

Lakewood

State

OH

Zip Code

44107

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

LEE IRWIN FISHER

Calendar Year-To-Date Per Election
for Office Sought

376.98

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

193.31

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 9**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Chris Hall

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
1428 Maile Ave

Amount

City State Zip Code
Lakewood OH 44107

62.83

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: OH
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 376.98Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
James Hewitt

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
2140 West 29th St

Amount

City State Zip Code
Cleveland OH 44113

95.43

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: OH
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 286.29Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Ryan Hobson

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
5702 Bridge Ave Apt1

Amount

City State Zip Code
Cleveland OH 44102

67.65

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: OH
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 405.90Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

225.91

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 / 9

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Niles Hooks

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
3555 East 142nd St

Amount

62.83

City
ClevelandState
OHZip Code
44120Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCalendar Year-To-Date Per Election
for Office Sought

376.98

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Nicholas Jarrell

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
3414 Gina Drive

Amount

62.83

City
North RidgevilleState
OHZip Code
44039Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCalendar Year-To-Date Per Election
for Office Sought

376.98

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Cynthia Jenkins

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
5810 State St 20, Lot 91

Amount

62.83

City
WakemanState
OHZip Code
44889Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCalendar Year-To-Date Per Election
for Office Sought

125.66

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 / 9

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jeremy Johnston

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
2529 Chesterland

Amount

96.43

City
LakewoodState
OHZip Code
44107Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCalendar Year-To-Date Per Election
for Office Sought

482.15

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Dominique Jordan

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
1752 Lee Road

Amount

88.25

City
Cleveland HeightsState
OHZip Code
44118Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCalendar Year-To-Date Per Election
for Office Sought

441.25

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Stephen Karbowiak

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
4195 West 22nd St Down

Amount

88.26

City
ClevelandState
OHZip Code
44109Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCalendar Year-To-Date Per Election
for Office Sought

264.78

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

272.94

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 / 9

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Raymond Leiden

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
3103 Walton Ave

Amount

62.83

City State Zip Code
Cleveland OH 44113Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: OH
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 376.98Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Drew Maziasz

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
567 Red Oak Lane

Amount

62.83

City State Zip Code
Bay Village OH 44140Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: OH
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 376.98Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Soren Norris

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
1510 Elmwood

Amount

62.83

City State Zip Code
Lakewood OH 44107Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: OH
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 376.98Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 / 9

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Daniel O'Malley

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
23724 Cliff Dr

Amount

109.09

City
Bay VillageState
OHZip Code
44140Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCalendar Year-To-Date Per Election
for Office Sought

654.54

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
One Stop Sunoco

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
4402 Lorain Ave

Amount

16.23

City
ClevelandState
OHZip Code
44113Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCalendar Year-To-Date Per Election
for Office Sought

34.73

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
One Stop Sunoco

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
4402 Lorain Ave

Amount

19.37

City
ClevelandState
OHZip Code
44113Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEE IRWIN FISHERCalendar Year-To-Date Per Election
for Office Sought

54.10

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

144.69

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **8 / 9**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Kathryn Patt

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	0

Mailing Address

38260 Tamarac #210 H

Amount

90.89

City

Willoughby

State

OH

Zip Code

44094

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

LEE IRWIN FISHER

Calendar Year-To-Date Per Election
for Office Sought

90.89

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Katherine Segroe

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	0

Mailing Address

1929 Mayview Ave

Amount

62.83

City

Cleveland

State

OH

Zip Code

44109

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

LEE IRWIN FISHER

Calendar Year-To-Date Per Election
for Office Sought

376.98

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	0

Mailing Address

19727 Maplewood Ave

Amount

25.60

City

Cleveland

State

OH

Zip Code

44135

Purpose of Expenditure

Rental car

Category/
Type

Office Sought:

☐ House

State: OH

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

LEE IRWIN FISHER

Calendar Year-To-Date Per Election
for Office Sought

337.96

Disbursement For:

☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

179.32

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **9 / 9**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	0

Mailing Address

19727 Maplewood Ave

Amount

26.46

City

Cleveland

State

OH

Zip Code

44135

Purpose of Expenditure

Rental car

Category/
Type

Office Sought:

☐

House

State: OH

Senate

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

LEE IRWIN FISHER

Disbursement For:

☐

Primary

☒

General

☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

364.42

Full Name (Last, First, Middle Initial) of Payee

Carmella Vernon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	0

Mailing Address

1392 East 187th St Down

Amount

62.83

City

Cleveland

State

OH

Zip Code

44110

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐

House

State: OH

Senate

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

LEE IRWIN FISHER

Disbursement For:

☐

Primary

☒

General

☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

376.98

(a) **SUBTOTAL** of Itemized Independent Expenditures

89.29

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

1482.44